## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| CURRENT CORRESPONDE                                                                                                                                                                                                                                                                                                                                                    | Note: A certificate of                                                                                                                                                                                                                                                                                          | mailin                                                                                                                                                                                                                                                                                                                                     | g can only be used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r domestic mailings of the                                             |                             |                                                    |                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| 26111                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                 | /2008                                                                                                                                                                                                                                                                                                                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Се                                                                     | rtificate                   | of Mailing or Transi                               | nission                                                                                                                               |
| STERNE, KES<br>1100 NEW YOR<br>WASHINGTON                                                                                                                                                                                                                                                                                                                              | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 | (Depositor's name)                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    | (Date)                                                                                                                                |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                                                                                                                                                                                                                                     | FIRST NAMED IN                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TOR                                                                    | OR ATTORNEY I               |                                                    | CONFIRMATION NO.                                                                                                                      |
| 09/888,438                                                                                                                                                                                                                                                                                                                                                             | 06/26/2001                                                                                                                                                                                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                   | James L. Foran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 1452.3270001                |                                                    | 9657                                                                                                                                  |
| TITLE OF INVENTION MULTIPLE GRAPHICS                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            | NTING THREE-DIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ENSIONAL COMPU                                                         | JTER (                      | GRAPHICS IMAGES                                    | USING                                                                                                                                 |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                                                                                                                                                                                                    | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                              | PUBLICATION FEE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DUE PREV. PAID ISSU                                                    | E FEE                       | TOTAL FEE(S) DUE                                   | DATE DUE                                                                                                                              |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                                                                                                                                                                                                              | \$1440                                                                                                                                                                                                                                                                                                                                     | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0                                                                    |                             | \$1740                                             | 06/24/2008                                                                                                                            |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 | ART UNIT                                                                                                                                                                                                                                                                                                                                   | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                                                                      |                             |                                                    |                                                                                                                                       |
| YANG, RYAN R                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 | 2628                                                                                                                                                                                                                                                                                                                                       | 345-502000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                             |                                                    |                                                                                                                                       |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                             |                                                    |                                                                                                                                       |
| PLEASE NOTE: Unle<br>recordation as set forth<br>(A) NAME OF ASSIC<br>Silicon Graphic                                                                                                                                                                                                                                                                                  | ess an assignee is ident<br>a in 37 CFR 3.11. Comp<br>SNEE<br>cs, Inc.                                                                                                                                                                                                                                          | THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Mountain View, California  rinted on the patent):   Individual Corporation or other private group entity Government |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| Please check the appropri                                                                                                                                                                                                                                                                                                                                              | ate assignee category or                                                                                                                                                                                                                                                                                        | categories (will not be pr                                                                                                                                                                                                                                                                                                                 | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Individual ☑ C                                                       | orporati                    | on or other private gro                            | up entity  Government                                                                                                                 |
| 4a. The following fee(s) a                                                                                                                                                                                                                                                                                                                                             | re submitted:                                                                                                                                                                                                                                                                                                   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            | A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                             |                                                    |                                                                                                                                       |
| Advance Order - # of Copies 3                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            | Payment by credi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t card. Form PTO-2035                                                  | s is atta                   | iched.<br>required fee(s), any def                 | Siciency or credit any                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| <ol> <li>Change in Entity Stat</li> <li>Applicant claims</li> </ol>                                                                                                                                                                                                                                                                                                    | ☐ b. Applicant is no                                                                                                                                                                                                                                                                                            | pplicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                        | Publication Fee (if requ                                                                                                                                                                                                                                                                                        | uired) will not be accepte                                                                                                                                                                                                                                                                                                                 | d from anyone other th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                             |                                                    | e assignee or other party in                                                                                                          |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   | Minth a. 8                                                                                                                                                                                                                                                                                                      | Date June 24, 2008                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  | Timothy A. Doyle                                                                                                                                                                                                                                                                                                | Registration No51,262                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                             |                                                    |                                                                                                                                       |
| submitting the completed this form and/or suggestic                                                                                                                                                                                                                                                                                                                    | application form to the ons for reducing this built in 22313-1450. DC                                                                                                                                                                                                                                           | USPTO. Time will vary                                                                                                                                                                                                                                                                                                                      | depending upon the inches of the chief Information Control of the | s estimated to take 12<br>individual case. Any conficer IIS Patent and | minutes<br>omment<br>Traden | s to complete, including<br>s on the amount of tin | by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, |

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